



State of South Carolina – Department of Insurance
Education Services Division
P.O. Box 100105
Columbia, 29202-3105

Continuing Education **Instructor** Approval Application

Please print or type

Sponsor Information (must be completed by sponsor):

Name of Approved Sponsor: _____ Sponsor Number _____
Sponsor's Authorized Representative: _____
Sponsor's Telephone Number: _____
Sponsor's Address: _____
Please check here if sponsor has had an address change within the past year. ____ Yes

I understand that a sponsor is responsible for the actions of an instructor. I understand that a sponsor and instructor who violates South Carolina Code Ann. §38-43-106(A) (1) and/or Regulation 69-50 relating to the continuing education program requirements may be assessed a fine of not less than \$1,000, suspension of approval or termination of approval status.

Signature of Sponsor's Authorized Representative _____ Date _____

Applicant (Instructor) Information:

Full name of Applicant: _____
Social Security Number: _____ Date of Birth: _____
Home Mailing Address: _____
(SC DOI must be notified within 30 days of change in address) Telephone Number: _____
Requesting approval to teach courses in: ____ LAH ____ P&C ____ Bail bondsman
New ____ Renewal ____ (if renewal) Instructor number _____
The following must be attached to the application for instructor approval. If any information is not submitted, the application will be disapproved and the filing fee will be forfeited. Reg. 69-50 A(3).

1. A \$25 nonrefundable filing fee;
2. Documentation of **one** of the following must be attached: (not required for renewal)
 - (a) College degree in insurance from an accredited institution of higher learning.
 - (b) A professional insurance designation (CPCU or CIC for Property & Casualty; CLU, ChFC, CFP, FLMI, LUTCF for Life, Accident and health approval.)
 - (c) A letter (on insurance company letterhead and signed by employer) verifying the applicant has a least 5 or more year of work experience in the subject matter to be taught. The letter should include applicant's job title and description of job duties. (A resume will not be accepted.)
 - (d) Insurance Regulator.

The following questions must be answered by the applicant.

1. Have you ever been the subject of any disciplinary action, including suspension, cancellation or revocation by any Insurance Department, governmental entity or other licensing authority? ____ Yes ____ No.
If yes, attach a statement providing complete details.
2. Have you ever been convicted, pled guilty or not contest in any criminal proceedings? ____ Yes ____ No.
If yes, attach a statement providing complete details.
3. Have you ever been charged by any entity with misappropriation, conversion or withholding of money? ____ Yes ____ No.
If yes, attach a statement providing complete details.
4. I understand that if I violate South Carolina Code Ann §38-43-106(A)(1) or Regulation 69-50 relating to the continuing insurance education program requirements, I may be assessed a fine of not less than \$1,000, suspension of approval or termination of approval status. ____ Yes ____ No.

I _____, do solemnly swear that the information and answers contained I this application are true and complete to the best of my knowledge.
(Applicant's signature)

For Department Use Only

____ Date Received ____ Date Reviewed
____ Approved Instructor Approval Number _____
____ Disapproved
Reason for Disapproval: